

Declaration of Tax Status Information and Checklist

1. Review instructions on the *Declaration of Tax Status* form.

State of Montana
Health Care and Benefits Division
PO Box 200127
Helena MT 59620
1-800-287-8266
444-7462 in Helena

DECLARATION OF TAX STATUS

The State of Montana is required by the Internal Revenue Service to apply the proper tax treatment (before or after tax) to benefits for every family member currently enrolled in medical, dental, or vision benefits. Therefore, it is important that you provide the tax status of each person enrolled. The qualification of these individuals as your spouse and/or dependent(s) for tax purposes does not affect their eligibility for medical, dental or vision plans, but does impact the tax treatment of that coverage. The attached flowcharts are provided to assist you in determining and verifying the tax status of your family members.

Listed below is every person currently enrolled in medical, dental or vision benefits as of 05/08/2006. Check one of the two boxes below each name and return this form to the address above by 06/01/2006. ***If you do not check a box or respond by the deadline, premium contributions for those persons will be taken on an after-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for these persons will be added to your taxable income.*** The attached flowcharts provide the most complete overview of the tax rules possible; however, given the complexity of those rules, we recommend that you consult your tax advisor regarding your specific circumstances.

Spouse

- ☐ Yes, this person is my Spouse for tax purposes.
☐ No, this person is not my Spouse for tax purposes.

Child

- ☐ Yes, this person is my Child for tax purposes.
☐ No, this person is not my Child for tax purposes.

Child

- ☐ Yes, this person is my Child for tax purposes.
☐ No, this person is not my Child for tax purposes.

2. Use the accompanying flowcharts (included in this packet) to determine the appropriate tax status for each of your dependents.
3. Complete the *Declaration of Tax Status Form* by checking the “yes” or “no” box next to **each** dependent and **signing the back of the form**.
4. Return the form to the Health Care and Benefits Division, PO Box 200127, Helena MT 59620 postmarked by October 16, 2006. Remember, if you do not return the form, premiums for your dependents cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (*i.e.*, those benefits funded through the state share) for these persons will be added to your taxable income until such time as the return of the form indicates otherwise.
5. If you would like to estimate your taxes for non-qualified members, use the interactive paycheck estimator on either the State Personnel website at www.hr.mt.gov (click on the Annual Change link) or the Health Care and Benefits website at www.benefits.mt.gov (click on the Employee link).